

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526324

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
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48		/				
49		/				
50		/				
TOTAL IND.	15	↓	1	↓		↓
TOTAL DEP.	35	←	6	←		←
TOTAL CLAIMS	50		7			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
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98						
99						
100						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	4	←	4	←		←
TOTAL CLAIMS	6		5			